



## STATE BOARD OF HEALTH FACILITY ADMINISTRATORS INSTRUCTIONS FOR APPLICATION FOR SPONSORSHIP AS A CONTINUING EDUCATION PROVIDER

Please submit to the board a completed application and the \$100.00 fee made payable to the Professional Licensing Agency along with the following documentation:

1. Brief description of your organization, including organization philosophy and objectives and organization chart.
2. Brief description of the organization's background in continuing education and long term care education.
3. Sample of advertising brochure for your program(s) for health facility administrators.
4. Description of evaluation techniques that will be utilized. (attach sample)
5. Statement of how evaluations are utilized by your organization.
6. Sample of certificate to be awarded for completion of program.
7. Description of monitoring techniques utilized to verify attendance.
8. Description of record keeping system for continuing education programs to be offered and length of time records are kept.
9. Statement regarding whether or not attendance at your programs are open to all health facility administrators.

***\*This application and supporting documentation must be submitted to the board at least 30 days prior to the date of your first presentation. The application process could take up to 6 weeks. If the application is approved, you will receive a pocket card license by mail. If the board requires additional information, you will be notified by regular mail or email.***

### The Fair Information Practice Act

In compliance with IC 4-1-6, this agency is notifying you that you must provide the requested information or your application will not be processed. You have the right to challenge, correct, or explain information maintained by this agency. The information you provide will become public record.

### Professional Licensing Agency

If you have questions concerning the application process or concerning the sponsorship process, please call 317-234-2067, e-mail at [pla4@pla.in.gov](mailto:pla4@pla.in.gov) or visit our website at [www.in.gov/pla/bandc/isbhfa](http://www.in.gov/pla/bandc/isbhfa).

If you have any changes to the information you provided during the application process or after you are licensed (i.e. name change, address) be advised that it is your responsibility to update that information with the Professional Licensing Agency. You may update your name or address by mail to 402 W. Washington Street, Room W072, Indianapolis, IN 46204, by fax at (317) 233-4236, or by email at [pla4@pla.in.gov](mailto:pla4@pla.in.gov) or by calling (317) 234-2067.